

File Number: MO- \_\_\_\_\_

*DGE Use Only*

**PRINTER FIRMWARE SUBMISSION**

Submitted by: \_\_\_\_\_ Printer Manufactured by: \_\_\_\_\_  
*Manufacturer*

Emergency: Yes ☐ No ☐

**If YES, attach Deficiency Report**

Does a Hardware Submission accompany this Submission? Yes ☐ No ☐

Manufacturer ID #	Version/Date	Chip Type	Onboard Position	Checksum/CRC/Hash

For each product listed, provide the following -

Hardware needed to test the listed product: Printer ID \_\_\_\_\_  
Printer Kit \_\_\_\_\_

Downloadable Software needed to test the listed product included with submission? Yes ☐ No ☐

Slot Machine Platforms and Main Programs used to test this product:

	Platforms	Main Programs
1		
2		
3		
4		
5		

Voucher/Coupon Systems used to test this product:

	Version
IGT EZ Pay	
Bally SDS	
ACSC	
PPE	

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Description of Modifications:

Modification of (List Firmware): \_\_\_\_\_ DGE File No.: \_\_\_\_\_

Reasons for this Modification:

Replacement?      Yes ☐      No ☐

**If YES, provide reasons for replacement ...**

List Product ID and DGE File No. to be revoked:

Product ID: \_\_\_\_\_ DGE File No. \_\_\_\_\_

‘Dif’ file of modified modules in a format acceptable by DGE included?      Yes ☐      No ☐

Test documentation and results for each new product included?      Yes ☐      No ☐

CERTIFICATION

(To be completed by the Engineer performing the Testing)

I hereby certify that the information and representations made in this Checklist and in the attachments hereto, are true, accurate and complete. I understand that if any of the statements, data or information contained herein are willfully false, I am subject to punishment. I further understand that if the information contained herein is inaccurate, for any reason, the company is subject to a civil penalty to be imposed by the New Jersey Casino Control Commission.

_____ Authorized Signature	_____ Title	_____ Date
_____ PRINT NAME		